

**HRDI PHONE:**

**(609) 777-1547**

**HRDI FAX:**

**(609) 777-2336**

## REGISTRATION FORM:

*"Pre-Retirement Education Seminar"*

*"Mid-Career Pre-Retirement Seminar"*

*"Completing the Quarterly Report of Contributions"*  
*"Retirement Process and Employer Responsibilities"*

**RETURN FORM TO:**

**DEPT. OF PERSONNEL**

**HRDI**

**PO BOX 318**

**TRENTON, NJ 08625-0318**

INSTRUCTIONS: This form is for use by public employers/employees when enrolling in the above courses presented by the Division of Pensions and Benefits. **State** agencies with access to electronic registration MUST use the STADIS system. Other locations must use this registration form. Before completing, please read the information provided on the back of this form. Complete one form per course. Mail or fax completed registrations to HRDI (see above addresses).

**PLEASE TYPE OR PRINT CLEARLY WHEN COMPLETING THIS FORM.**

### COURSE INFORMATION

Course Title:

Start Date:

End Date:

Course ID:

Course Location:

### WORK INFORMATION

Your Organization:

Mailing Address: (Street, City and Zip Code):

### PARTICIPANT INFORMATION

① \_\_\_\_\_  
Last Name, First, MI Social Security Number Daytime Phone

Work Address (Organization, Street, City, Zip Code)

② \_\_\_\_\_  
Last Name, First, MI Social Security Number Daytime Phone

Work Address (Organization, Street, City, Zip Code)

③ \_\_\_\_\_  
Last Name, First, MI Social Security Number Daytime Phone

Work Address (Organization, Street, City, Zip Code)

④ \_\_\_\_\_  
Last Name, First, MI Social Security Number Daytime Phone

Work Address (Organization, Street, City, Zip Code)

⑤ \_\_\_\_\_  
Last Name, First, MI Social Security Number Daytime Phone

Work Address (Organization, Street, City, Zip Code)

⑥ \_\_\_\_\_  
Last Name, First, MI Social Security Number Daytime Phone

Work Address (Organization, Street, City, Zip Code)

SOCIAL SECURITY NUMBER PRIVACY ACT STATEMENT - Participant data, including Social Security Number, is requested in order to identify participants accurately for registration into Institute events, to confirm registrations, and to produce staff development records and reports. Any other use of this information and any release outside the Institute and the customer organization are prohibited. Authority to collect this data is pursuant to NJSA 11A:6-25 and NJAC 4A:6-4.2(e). The provision of the information is voluntary on the part of the participant.

## INSTRUCTIONS

Complete one form per course or seminar. Mail or fax completed registrations to HRDI (see addresses on front of this form). **This form may be duplicated.** Complete this form as follows:

**Course Information:** Indicate the title of the course, the start date, the end date, the course ID (available on the printed material advertising the course), and the location (city/town) of the training.

**Work Information:** Please enter the full mailing address of your employer, including the zip code and PO box, if applicable.

**Participant Information:** Enter the name(s) of any individual(s) requesting to attend the course. Provide the social security number, work phone number and full mailing address (or indicate if same as work information) for each request.

**Locals and other government agencies** - Use this form to register for the Division of Pensions and Benefits' courses indicated on the front of this form. This registration form must be completed and forwarded to **DOP/HRDI, PO Box 318, Trenton, NJ 08625-0318**. Or, you may **fax it to (609) 777-2336**.

**State Agencies** - State agencies with access to electronic registration **MUST** use the STADIS system. Follow the normal training request procedures through your training coordinator. If you are employed by a State agency that does not have electronic registration access, this registration form may be completed and forwarded to the DOP/HRDI. Forward this completed form to DOP/HRDI, PO Box 318, Trenton, NJ 08625-0318.

## CONFIRMATION

Upon registration, a letter of acknowledgment will be sent to your work location indicated on the registration. **Any changes to the course, such as date, location or time, will be indicated in your confirmation letter.**

## CANCELLATION, TRANSFER/RESCHEDULE, SUBSTITUTION

If you cannot attend a class that you have registered for, call, write, or fax HRDI. Withdrawal and course transfer requests must include the name and number of the class, your name and address, and a phone number where you can be reached during the day. Such requests can be *faxed* to (609) 777-2336, or for information, call (609) 777-1547.

## SPECIAL ACCOMMODATIONS

Participants with special needs should identify necessary accommodations required. *Call* HRDI and a staff member will be pleased to assist you.

